

## **QUARTERLY STATEMENT**

AS OF MARCH 31, 2006 OF THE CONDITION AND AFFAIRS OF THE

Premier Behavioral Systems of Tennessee, LLC

	1000 0000 NA nt Period) (Prior Period)	AIC Company Code0	0000 Employer's	s ID Number	62-1641638
Organized under the Laws o	, , , , , ,	, State of Do	omicile or Port of Entry	Tenn	essee
Country of Domicile		United States of	America		
icensed as business type:	Life, Accident & Health [ ] Vision Service Corporation [ ] Hospital, Medical & Dental Service	Property/Casualty [ ] Other [ ]	Dental Service Corp Health Maintenance Is HMO, Federally Q	Organization [ ]	No I
ncorporated/Organized		Commenced Business	13 THVIO, T CUCTURY G	07/01/1996	10[]
			Noo		
Statutory Home Office	222 Second Ave. N. S (Street and Numbe		Nas (City or T	own State and Zin Code	0)
Main Administrative Office	(	,	shville, TN 37201		5-313-4463
	(Street and Number)		Town, State and Zip Code)		
Mail Address	222 Second Ave. N. Suite 220	,	Nashville	e, TN 37201	
	(Street and Number or P.O. Box)		(City or Town,	State and Zip Code)	
Primary Location of Books ar			Nashville, TN 37201		5-313-4463
	(Street and N	lumber) (C	City or Town, State and Zip Coo	de) (Area Code	e) (Telephone Number)
nternet Website Address _		N/A			
Statutory Statement Contact	Donnie Penningto	on		5-313-4463	
	(Name)			ephone Number) (Extens	ion)
	on@magellanhealth.com		615-313-4		
	(E-mail Address)		(FAX Num	per)	
Policyowner Relations Contac	(Street and Number)	(City or To	wn, State and Zip Code)	(Area Code) (Telepho	one Number) (Extension)
	(Girect and Number)		wii, otate and zip oode)	(Area Gode) (Telephic	one rumber) (Extension)
		OFFICERS		_	
Name	Title		Name	Т	itle
Russell C Petrella	, President		,		
William R. Grimm	DIREC <sup>®</sup> Rene Lerer	TORS OR TRUSTI	<b>EES</b> Il C. Petrella	Russell	Harme
William R. Gillim	Nelle Leiel	Russe	ii C. Feliella	Russell	Hailis
State of					
County of	SS				
above, all of the herein described this statement, together with rela of the condition and affairs of the completed in accordance with the that state rules or regulations rec respectively. Furthermore, the so	tity being duly sworn, each depose and side assets were the absolute property of the ted exhibits, schedules and explanations are said reporting entity as of the reporting and the reporting entity as of the reporting entity as of the reporting entity as of the reporting of the said from the reporting of the said from the reporting of the reporting differences due to electronic filing) of the	e said reporting entity, free and ce therein contained, annexed or re- period stated above, and of its in d Accounting Practices and Proce o accounting practices and proce officers also includes the related	lear from any liens or claim ferred to, is a full and true a noome and deductions the dures manual except to the dures, according to the be corresponding electronic fi	ns thereon, except as statement of all the as refrom for the period e extent that: (1) statest of their information, ling with the NAIC, wh	herein stated, and that sets and liabilities and ended, and have beer e law may differ; or, (2) knowledge and belief, ten required, that is ar
Russell C. Pe Presider		William R. Grimm Director			
			a. Is this an origina	al filing?	Yes [ X ] No [ ]
Outhornibaniannal aussaus 4- 1	h afau a ua a Mai a		_	······································	
Subscribed and sworn to day of			2. Date filed	endment number	
			<ol><li>Number of pa</li></ol>	ges attached	

## **ASSETS**

		,			1
		1	Current Statement Date 2	3	4
		1	2	3	December 31
				Net Admitted Assets	Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	3,295,367		3,295,367	3,315,783
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks				0
2	Mortgage loans on real estate:				
٥.	5 5				
	3.1 First liens				0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	,				
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
5.	Cash (\$40,469,172 ),				
	cash equivalents (\$		1		
	and short-term investments (\$				
6.	Contract loans, (including \$premium notes)			0	0
7.	Other invested assets	0	0	0	0
	Receivables for securities				0
	Aggregate write-ins for invested assets			0	
	Subtotals, cash and invested assets (Lines 1 to 9)	43,764,539	I	43,764,539	33,009,538
11.	Title plants less \$		1	1	
	only)			0	
12.	Investment income due and accrued	21,797		21 ,797	28 , 158
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection	1 1/15 //1/		1 1/15 //1/	6 568 262
					0,000,202
	13.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)			0	0
	13.3 Accrued retrospective premiums			0	0
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers			0	0
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				0
15.	Amounts receivable relating to uninsured plans			0	0
16.1	Current federal and foreign income tax recoverable and interest thereon			0	0
16.2	Net deferred tax asset			0	0
	Guaranty funds receivable or on deposit				0
	Electronic data processing equipment and software.				n
			T	1	J
19.	Furniture and equipment, including health care delivery assets		1	1	
	(\$)				J0
20.	Net adjustment in assets and liabilities due to foreign exchange rates		ļ	<b>1</b> 0	0
21.	Receivables from parent, subsidiaries and affiliates		<b> </b>	0	0
	Health care (\$) and other amounts receivable				0
	Aggregate write-ins for other than invested assets			0	n
	Total assets excluding Separate Accounts, Segregated Accounts and				
24.		44 004 750	_	44 004 750	20,000,000
	Protected Cell Accounts (Lines 10 to 23)	44,931,750	0	44,931,750	39,605,958
25.	From Separate Accounts, Segregated Accounts and Protected		1	1	
	Cell Accounts			0	0
26.	Total (Lines 24 and 25)	44,931,750	0	44,931,750	39,605,958
	DETAILS OF WRITE-INS		]		
0901	22.7.120 O. 111.112 III.O		1	1	
				<del> </del>	<del> </del>
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
	Risk Share Receivable			0	0
	ASO Receivable.			n	n
				1	
			<b>†</b>	<b>†</b>	
	Summary of remaining write-ins for Line 23 from overflow page			0	J0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, SAI		Current Period		Prior Year
		1 Covered	2 Unanyarad	3 Total	4 Total
4		1	Uncovered	Total	Total 25 721 402
1.	Claims unpaid (less \$ reinsurance ceded)			27 ,894 ,415	
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				0
6.	Property/casualty unearned premium reserve				0
7.	33 - 3				
8.	Premiums received in advance				
9.	General expenses due or accrued	342 , 161		342,161	91,506
10.1	1 Current federal and foreign income tax payable and interest thereon (including				
	\$ on realized gains (losses))				0
	2 Net deferred tax liability				
	Ceded reinsurance premiums payable				0
	Amounts withheld or retained for the account of others				0
	Remittances and items not allocated			0	0
14.	Borrowed money (including \$ current) and				
	interest thereon \$ (including				
	\$ current)				0
	Amounts due to parent, subsidiaries and affiliates			198,705	768 , 586
16.	Payable for securities			0	0
17.	Funds held under reinsurance treaties with (\$				
	authorized reinsurers and \$unauthorized				
	reinsurers)			0	0
18.	Reinsurance in unauthorized companies	-		0	0
19.	Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20.	Liability for amounts held under uninsured plans			0	0
21.	Aggregate write-ins for other liabilities (including \$				
	current)	2,626,544	0	2,626,544	1,947,395
22.	Total liabilities (Lines 1 to 21)	31,061,825	0	31,061,825	28 , 538 , 890
23.	Aggregate write-ins for special surplus funds	xxx	XXX	0	0
24.	Common capital stock	xxx	xxx		0
25.	Preferred capital stock	xxx	xxx		0
26.	Gross paid in and contributed surplus	XXX	xxx	23 , 245 , 279	23,245,279
27.	Surplus notes	xxx	xxx		0
28.	Aggregate write-ins for other than special surplus funds	xxx	xxx	0	0
29.	Unassigned funds (surplus)				
30.	Less treasury stock, at cost:				
	30.1shares common (value included in Line 24)				
	\$	XXX	XXX		0
	30.2shares preferred (value included in Line 25)				
	\$	xxx	XXX		0
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)				
	Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	44,931,750	39,605,958
	DETAILS OF WRITE-INS			, ,	
2101	Premium Tax Payable	1 208 637		1 208 637	1,149,299
	Risk Share Payable				571,398
	Stale Check Liability				226,698
	Summary of remaining write-ins for Line 21 from overflow page		0		0
		2,626,544	0	2,626,544	1,947,395
	Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)		_	<i></i>	, ,
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				0
	Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX		0	0
2802.					
2803.					
2898.	Summary of remaining write-ins for Line 28 from overflow page	xxx	XXX	0	0
2899.	Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

### **STATEMENT OF REVENUE AND EXPENSES**

		Current Year	To Date	Prior Year To Date
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX		
2.	Net premium income (including \$ non-health premium income)			
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ medical expenses)	xxx		0
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues			
7.	Aggregate write-ins for other non-health revenues			
8.	Total revenues (Lines 2 to 7)	XXX	54 , 239 , 144	54,947,025
	H			
0	Hospital and Medical:		00 GEG 704	22 400 115
9.	·			
10.				· · · · · ·
11. 12.	Outside referrals  Emergency room and out-of-area			0
13.	Prescription drugs			0
14.	Aggregate write-ins for other hospital and medical		0	0
15.	Incentive pool, withhold adjustments and bonus amounts.			
	Subtotal (Lines 9 to 15)			
10.	Subtotal (Lines 9 to 13)			
	Less:			
17.	Net reinsurance recoveries			0
18.	Total hospital and medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$cost containment expenses			
21.	General administrative expenses			
22.	Increase in reserves for life and accident and health contracts including			
	\$increase in reserves for life only)			0
23.	Total underwriting deductions (Lines 18 through 22)	0	51,844,610	55,046,037
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,394,534	(99,012)
25.	Net investment income earned			99,012
26.	Net realized capital gains (losses) less capital gains tax of \$			0
27.	Net investment gains (losses) (Lines 25 plus 26)	0	408,323	99,012
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$) (amount charged off \$			0
29.	Aggregate write-ins for other income or expenses	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus	xxx	2 002 057	0
24			2,002,007	
	Federal and foreign income taxes incurred	XXX	2,802,857	٠
32.		***	2,002,007	0
0601	DETAILS OF WRITE-INS Risk Share Revenue.	<b>***</b>	(693 776)	(2,489,750)
0602.		2004	(003,770)	(2,409,730)
0603.		1001		
0698.			0	Ω
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	(683,776)	(2,489,750)
0701.		XXX	(000,110)	(2,100,100)
0702.		XXX		
0703.				
			0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
				-
1402.				
1403.				
1498.		0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.				
2902.				
<del>-</del> -				
2903.				
<ul><li>2903.</li><li>2998.</li></ul>	Summary of remaining write-ins for Line 29 from overflow page	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
	CAPITAL AND SURPLUS ACCOUNT:			
33.	Capital and surplus prior reporting year	11,067,068	11,064,371	11,064,371
34.	Net income or (loss) from Line 32	2,802,857	0	0
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax		0	0
39.	Change in nonadmitted assets		2,697	2,697
40.	Change in unauthorized reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	2,802,857	2,697	2,697
49.	Capital and surplus end of reporting period (Line 33 plus 48)	13,869,925	11,067,068	11,067,068
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

#### Premier Behavioral Health of TN, LLC. BHO TennCare Operations Statement of Revenue and Expenses For the Quarter Ending March 31, 2006 Report 2A

Report 2A	Current Quarter	Year to Date Total
Member Months	1,803,612	1,803,612
Revenues		
TennCare Capitation	54,922,920	54,922,920
Risk Share Revenue	(683,776)	(683,776)
ASO Revenue	0	0
Investment (Interest) Other Revenues	408,323 0	408,323 0
Total Revenues	54,647,467	54,647,467
Expenses		
Mental Health & Substance Services	40,000,070	40,000,070
Inpatient Psychiatric Facility services Inpatient Substance Abuse Treatment and Detox	12,200,676 681,257	12,200,676 681,257
Outpatient Mental Health Services	13,556,208	13,556,208
Outpatient Substance Abuse Treatment and Detox	816,470	816,470
Housing/Residential Treatment	4,585,977	4,585,977
Specialized Crisis Services	2,217,217	2,217,217
Psychiatric Rehab and Support Services	739,639	739,639
Case Management Forensics	8,834,348	8,834,348
Other Judicial		
Pharmacy		
Lab Services	126,930	126,930
Transportation	1,619,350	1,619,350
Medical Incentive Pool and Withhold Adjustments Occupancy, Depreciation and Amortization	0	0
Other Mental Health and Substance Abuse Services	0	0
PCP and Specialists Services	_	•
Subtotal	45,378,072	45,378,072
Reinsurance Expense Net of Recoveries		
Less:		
Copayments Subrogation		
Coordination of Benefits		
Subtotal		
Total Medical and Substance Abuse	45,378,072	45,378,072
Claim Adjustment Expense	549,229	549,229
Administration <sup>1</sup>		
Rent	65,578	65,578
Salaries and Wages	2,713,720	2,713,720
Contributions for benefit plans for employees		
Payments to employees under non-funded benefit plans Other employee welfare	15,655	15,655
Legal fees and expenses	44,556	44,556
Medical examination fees	. 1,000	. 1,000
Utilization management		
Certifications and accreditation	2	2
Auditing, actuarial and other consulting services	248,330	248,330
Traveling expenses  Marketing and advertising	79,846 70,345	79,846 70,345
Postage, express, telegraph and telephone	129,909	129,909
Printing and stationary	172,245	172,245
Occupancy, depreciation and amortization	1,180,799	1,180,799
Rental of equipment	2,861	2,861
Outsourced services includes EDP, claims, and other services	58,778	58,778
Books and periodicals Boards, bureaus and association fees	17,174	17,174
Insurance, except on real estate	1	1
Collection and bank service charges	22,244	22,244
Group service and administration fees		
Reimbursements from fiscal intermediaries	4.400	4.400
Real estate expenses Real estate taxes	1,198	1,198
Bad Debt Expense		
Taxes, licenses and fees:		
State and local insurance taxes		
State premium taxes	1,083,563	1,083,563
Insurance department licenses and fees		
Payroll taxes Other (excluding federal income and real estate taxes)	10,506	10,506
Investment expenses not included elsewhere	10,500	10,506
Total Administrative Expenses	5,917,309	5,917,309
Total Expenses	51,844,610	51,844,610
Total Experience	J1, <del>U++</del> U1U	51,044,010
Net Income (Loss)	2,802,857	2,802,857

<sup>&</sup>lt;sup>1</sup> The ASO fee Administration expense breakout is assumed based upon current sub-contractor's expenses.

## **CASH FLOW**

		1	2
		Current Year	Prior Year Ended
		To Date	December 31
	Cash from Operations		
1.	Premiums collected net of reinsurance.	60,345,768	224,838,700
	Net investment income		746,465
	Miscellaneous income		0
	Total (Lines 1 to 3)		225,585,165
	Benefits and loss related payments		189,005,562
	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.		0
	Commissions, expenses paid and aggregate write-ins for deductions		21,750,806
	Dividends paid to policyholders		
	Federal and foreign income taxes paid (recovered) \$net of tax on capital gains (losses)	0	(
	Total (Lines 5 through 9)	50.005.451	210,756,368
	Net cash from operations (Line 4 minus Line 10)		14.828.797
	Cash from Investments	10,740,042	14,020,737
10	Proceeds from investments sold, matured or repaid:		
12.	12.1 Bonds	2 305 000	3,320,000
	12.2 Stocks		_
	12.3 Mortgage loans 12.4 Real estate		(
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds	_	
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		2 220 000
12	,	2,390,000	
13.	Cost of investments acquired (long-term only): 13.1 Bonds	2 368 525	3,288,925
	13.2 Stocks		5,200,320
	13.3 Mortgage loans		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	·····	3,288,925
4.4	13.7 Total investments acquired (Lines 13.1 to 13.6)		3,200,923
	Net increase (or decrease) in contract loans and premium notes		04.070
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	26,475	31,075
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		(
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
4-	16.6 Other cash provided (applied)		(
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)		L
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	40 335	
	Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17)	10,7/5,417	14 , 859 , 872
19.	Cash, cash equivalents and short-term investments:	00 000 755	44 000 000
	19.1 Beginning of year.		
	19.2 End of period (Line 18 plus Line 19.1)	40,469,172	29,693,755

### **EXHIBIT OF PREMIUMS. ENROLLMENT AND UTILIZATION**

			<u> </u>		o, Liti	OLLIVIL		OIILIE	-711011				
	1	Compre	hensive	4	5	6	7	8	9	10	11	12	13
		(Hospital 8	& Medical)				Federal						
		2	3				Employees						
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	Stop	Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Loss	Income	Care	Other
Total Members at end of:													
1. Prior Year	589,687	0	0	0	0	0	0	0	589,687	0	0	0	0
2 First Quarter	595 , 114								595 , 114				
3 Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6 Current Year Member Months	1,803,612								1,803,612				
Total Member Ambulatory Encounters for Period:													
7. Physician	46,257								46 , 257				
8. Non-Physician	224,325								224,325				
9. Total	270,582	0	0	0	0	0	0	0	270,582	0	0	0	0
10. Hospital Patient Days Incurred	36,329								36,329				
11. Number of Inpatient Admissions	3,142								3,142				
12. Health Premiums Written	. 54,922,920								54,922,920				
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	54,922,920								54,922,920				
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	43,215,060								43,215,060				
18. Amount Incurred for Provision of Health Care Services	45,378,072								45,378,072				

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	l Claims	` .		•	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						•
0199999 Individually Listed Claims Unpaid	0	0	0	0	0	0
0299999 Aggregate Accounts Not Individually Listed-Uncovered						0
0399999 Aggregate Accounts Not Individually Listed-Covered						0
0499999 Subtotals	0	0	0	0	0	07.004.115
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	27,894,415
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	07.004.445
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	27,894,415
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	

## **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR Y						
		iims ar to Date	Liab End of Curr		5	G
	1	2	3	4	5	6
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
		<b>J</b>		<b>J</b>	(333	
Comprehensive (hospital & medical)					0	0
Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	9,331,467	33,883,593	17 , 124 , 706	10 ,769 ,709	26 , 456 , 173	25 ,731 ,403
8. Other Health					0	0
9. Health Subtotal (Lines 1 to 8)	9,331,467	33,883,593	17 , 124 , 706	10 ,769 ,709	26,456,173	25,731,403
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals	9,331,467	33,883,593	17,124,706	10,769,709	26,456,173	25,731,403

<sup>(</sup>a) Excludes \$ ...... loans and advances to providers not yet expensed.

### **NOTES TO FINANCIAL STATEMENTS**

#### Note 1 - Summary of Significant Accounting Policies

The accompanying financial statements of Premier Behavioral Systems of Tennessee, LLC (the "Company" or "Premier") have been prepared in conformity with the National Association of Insurance Commissioners (NAIC) Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual and the accounting practices prescribed or permitted by the State of Tennessee Department of Commerce and Insurance, which represents a comprehensive basis of accounting other than generally accepted accounting principles (GAAP).

#### Note 2 - Accounting Changes and Corrections of Errors

No significant change.

#### Note 3 - Business Combinations and Goodwill

No significant change.

#### Note 4 - Discontinued Operations

No significant change.

#### Note 5 - Investments

No significant change.

#### Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

#### Note 7 - Investment Income

No significant change.

### Note 8 - Derivative Instruments

No significant change.

#### Note 9 - Income Taxes

No significant change.

#### Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

Premier is 50% owned by Premier Holdings, Inc., a wholly-owned subsidiary of AdvoCare of Tennessee, Inc. ("Advocare"), which is a wholly owned subsidiary of Green Spring Health Services, Inc, which in turn is a wholly owned subsidiary of Magellan Health Services, Inc. ("Magellan"). The remaining 50% interest in Premier is owned by Columbia Behavioral Health, LLC ("CBH").

The Company was organized in May 1996 by Premier Holdings, Inc., CBH, and Managed Health Network, Inc. for the purposes of contracting with the State of Tennessee Department of Mental Health and Mental Retardation to deliver mental health and substance abuse services to participants of TennCare.

The company holds no investments in any affiliated companies and makes no guarantees nor does it partake in any undertaking for the benefit of any affiliate.

#### Note 11 - Debt

No significant change.

## Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

### **NOTES TO FINANCIAL STATEMENTS**

#### Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

#### Note 14 - Contingencies

No significant change.

#### Note 15 - Leases

No significant change.

## Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

#### Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

No significant change.

#### Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

#### Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

#### Note 20 - September 11 Events

No significant change.

#### Note 21 - Other Items

Effective January 2006, TennCare amended the risk sharing terms of the contract. TennCare will share in risks and gains only if the medical loss ratio is above ninety-one percent or below eighty-five percent. Otherwise, the contract is at full risk to the Company.

### Note 22 - Events Subsequent

On April 7, 2006, TennCare issued a Request for Proposals ("RFP") for the management of the integrated delivery of behavioral and physical medical care to TennCare enrollees in the Middle region by managed care organizations. TennCare has indicated that the start date of any such contract awarded pursuant to the RFP is expected to be April 1, 2007. The Company's current contract to cover members in the Middle region runs through the June 30, 2007. Should the implementation of the integrated Middle region service delivery system occur prior to the expiration of the current contact term, the management of the Company believes that TennCare will amend the contract to assign the Middle region members to the new managed care organization.

On April 11, 2006, Premier Holdings, Inc. purchased Columbia Behavioral Health, LLC's fifty percent ownership interest in the Company. As of April 1, 2006, Premier Holdings, Inc. has full ownership interest in the Company. The transaction was approved by the Department of Commerce and Insurance.

On April 13, 2006, the Company paid a \$2,300,000 dividend to Premier Holdings. The transaction was approved by the Department of Commerce and Insurance.

#### Note 23 - Reinsurance

No significant change.

#### Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

### **NOTES TO FINANCIAL STATEMENTS**

### Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

### Note 26 - Intercompany Pooling Arrangements

No significant change.

#### Note 27 - Structured Settlements

No significant change.

### Note 28 - Health Care Receivables

No significant change.

### Note 29 - Participating Policies

No significant change.

### Note 30 - Premium Deficiency Reserves

No significant change.

#### Note 31 - Anticipated Salvage and Subrogation

No significant change.

### **GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

# PART 1 - COMMON INTERROGATORIES GENERAL

1.1							Yes	[X]	No [ ]
1.2	If yes, has the report b	een filed with the domiciliary	state?				Yes	[X]	No [ ]
2.1			statement in the charter, by-laws, articles of in				Yes	[X]	No [ ]
2.2	If yes, date of change:							03/	/31/2006
	If not previously filed, t	furnish herewith a certified co	ppy of the instrument as amended.						
3.	Have there been any s	substantial changes in the or	ganizational chart since the prior quarter end?				Yes	[]	No [X]
	If yes, complete the So	chedule Y - Part 1 - organiza	tional chart.						
4.1	Has the reporting entit	y been a party to a merger o	r consolidation during the period covered by th	is statement?			Yes	[]	No [X]
4.2		ne of entity, NAIC Company of sult of the merger or consoli	Code, and state of domicile (use two letter stat dation.	e abbreviation) for	any entity that	has			
			1 Name of Entity NA	2 IC Company Cod	e State of D				
5.		ent, have there been any sig	greement, including third-party administrator(s gnificant changes regarding the terms of the ag				Yes [ ] No	. ,	
6.1	State as of what date t	the latest financial examination	on of the reporting entity was made or is being	made				06/	/30/2004
6.2			ation report became available from either the sheet and not the date the report was complete					06/	/30/2004
6.3	the reporting entity. Th	is is the release date or com	on report became available to other states or t pletion date of the examination report and not	the date of the ex	amination (bala	ance sheet		08/	/26/2005
6.4	By what department or	r departments?							
	Tennessee Department	of Commerce and Insuran	ce - Department of the Comptorller of the	Treasury					
7.1	Has this reporting entir or revoked by any gov	ty had any Certificates of Auternmental entity during the re	thority, licenses or registrations (including corp eporting period?	orate registration,	if applicable) s	uspended	Yes	[]	No [X]
7.2	If yes, give full informa								
8.1			pany regulated by the Federal Reserve Board				Yes	[]	No [X]
8.2	If response to 8.1 is ye	es, please identify the name	of the bank holding company.						
8.3	Is the company affiliate	ed with one or more banks, t	hrifts or securities firms?				Yes	[]	No [X]
8.4	federal regulatory serv	ices agency [i.e. the Federal S), the Federal Deposit Insu	names and location (city and state of the main Reserve Board (FRB), the Office of the Comp rance Corporation (FDIC) and the Securities E	troller of the Curre	ency (OCC), th	e Office of			
		1	2 Location	3	4	5	6		7
	Affili	ate Name	Location (City, State)	FRB	occ	OTS	FDIC	5	SEC

### **GENERAL INTERROGATORIES**

### **FINANCIAL**

10.1 H	oes the reporting ent	ity report any amounts due	from parent, subsidiaries or	affiliates on Page 2 of	this statement?		Yes [ ] No [X]
	f yes, indicate any am	ounts receivable from pare	nt included in the Page 2 ar	nount:		\$	
			IN	VESTMENT			
10.2 If	las there been any ch	ange in the reporting entity	s own preferred or common	n stock?			Yes [ ] No [X]
	yes, explain:						
			f the reporting entity loaned, nder securities lending agree				Yes [ ] No [X]
		nplete information relating		,			
12. A	Amount of real estate	and mortgages held in othe	er invested assets in Schedu	ıle BA:		\$	
13. A	Amount of real estate	and mortgages held in sho	rt-term investments:			\$	
14.1	Does the reporting er	itity have any investments	in parent, subsidiaries and a	ıffiliates?			Yes [ ] No [X]
14.2	If yes, please comple	te the following:					
					.1	2	
				Book	Year-End /Adjusted	Current Quarter	
14.21	Bonds				ing Value	Statement Value \$	
14.22 14.23				•		\$ \$	
14.24 14.25	Short-Term Investm	ents		\$		\$ \$	
14.26	All Other			\$		\$	
14.27			ffiliates (Subtotal Lines 14.2		0	\$0	
14.28	Total Investment in I	Parent included in Lines 14	1.21 to 14.26 above	\$		\$	
15.1 H	las the reporting entity	y entered into any hedging	transactions reported on So	hedule DB?			Yes [ ] No [X]
15.2 If	f yes, has a comprehe	ensive description of the he	dging program been made a	available to the domicili	ary state?		Yes [ ] No [ ]
If	f no, attach a descripti	on with this statement.					
16. E	Excluding items in Sch	nedule E real estate morto	gage loans and investments	held physically in the re	enorting entity's office	s vaults or safety	
de	leposit boxes, were al	I stocks, bonds and other	securities, owned throughou	the current year held p	oursuant to a custodia	I agreement with a	
	Financial Condition Ex		th Part 1 - General, Section	IV.H - Custodial or Sai	ekeeping Agreements	of the NAIC	Yes [X] No [ ]
16.1 F	or all agreements tha	t comply with the requirem	ents of the NAIC Financial (	Condition Examiners Ha	andbook, complete the	e following:	
			1		2		
			f Custodian(s)	150 4th Avenue.	Custodian Address 2nd floor, Nashvill	le. TN 37219	
				,		0, 11. 0, 2, 0,	
400 5		4 de	and increased a fitter NAIO Fire	and a state of the		d	
	or all agreements that ocation and a complet		quirements of the NAIC Fina	ancial Condition Examil	ners Handbook, provi	de the name,	
		1	2		3		
		Name(s)	Location	on(s)	Complete Explar	nation(s)	
				<u>.</u>			
			nanges in the custodian(s) ic	dentified in 16.1 during	the current quarter?		Yes [ ] No [X]
16.3 H	lave there been any c	hanges, including name cl					
	·	nanges, including name classing	thereto:				
	·	nplete information relating	2	3	_ 4		
	·			3 Date of Change	4 Reas	son	
	·	nplete information relating	2	_		son	
16.4 If	f yes, give full and con	nplete information relating  1 Old Custodian  advisors, brokers/dealers of	2 New Custodian or individuals acting on beha	Date of Change	Reas		
16.4 If	f yes, give full and con	nplete information relating  1 Old Custodian  advisors, brokers/dealers of	2 New Custodian	Date of Change  If of broker/dealers that if of the reporting entity	t have access to the in:	nvestment	
16.4 If	f yes, give full and con	nplete information relating  1 Old Custodian  advisors, brokers/dealers of	2 New Custodian or individuals acting on beha make investments on beha	Date of Change	Reas t have access to the ir		
16.4 If	f yes, give full and con	nplete information relating  1 Old Custodian  advisors, brokers/dealers orities and have authority to	2 New Custodian or individuals acting on beha make investments on beha	Date of Change  If of broker/dealers that if of the reporting entity	Reas t have access to the ir	nvestment	
16.4 If	f yes, give full and con	nplete information relating  1 Old Custodian  advisors, brokers/dealers orities and have authority to	2 New Custodian or individuals acting on beha make investments on beha	Date of Change  If of broker/dealers that if of the reporting entity	Reas t have access to the ir	nvestment	
16.4 If	dentify all investment accounts, handle secu	nplete information relating  1 Old Custodian  advisors, brokers/dealers orities and have authority to 1 Central Registratio	2 New Custodian or individuals acting on beha make investments on beha	Date of Change  If of broker/dealers that if of the reporting entity  2  Name(s)	t have access to the in	nvestment 3 dress	Yes [X] No []
16.4 If	f yes, give full and con	nplete information relating  1 Old Custodian  advisors, brokers/dealers orities and have authority to 1 Central Registratio	2 New Custodian or individuals acting on beha make investments on beha n Depository	Date of Change  If of broker/dealers that if of the reporting entity  2  Name(s)	t have access to the in	nvestment 3 dress	Yes [X] No []

## **SCHEDULE A - VERIFICATION**

Real Estate		
	1	2
		Prior Year Ended
NONE	Year to Date	December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Increase (decrease) by adjustment		0
3. Cost of acquired		0
Cost of additions to and permanent improvements		0
5. Total profit (loss) on sales		0
Increase (decrease) by foreign exchange adjustment		0
7. Amount received on sales		0
Book/adjusted carrying value at end of current period	0	0
Total valuation allowance		0
10. Subtotal (Lines 8 plus 9)	1	0
11. Total nonadmitted amounts		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0	0

### **SCHEDULE B - VERIFICATION**

	Mortgage Loans		
		1 Year to Date	2 Prior Year Ended December 31
		real to Date	December 31
1.	Book value/recorded investment excluding accrued interes and mode as owned, as emper a of prior year	0	0
2.	Amount loaned during period:		
	2.1. Actual cost at time of acquisitions		0
	2.2. Additional investment made after acquisitions		0
3.	2.2. Additional investment made after acquisitions     Accrual of discount and mortgage interest points and commitment fees		0
4.	Increase (decrease) by adjustment		0
٥.	rotal profit (1000) on balo		•
6.	Amounts paid on account or in full during the period		0
7.	Amortization of premium		0
8.	Increase (decrease) by foreign exchange adjustment		0
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
			0
11.	Total valuation allowance	0	0
	Total nonadmitted amounts		0
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets		
	column)	0	0

### **SCHEDULE BA – VERIFICATION**

Other Invested Assets		
	1	2
		Prior Year Ended
	Year to Date	December 31
1. Book/adjusted carrying value of long-term invested assets and different point of the results of the control	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions		0
2.2. Additional investment made after acquisitions		0
3. Accrual of discount		Λ.
4. Increase (decrease) by adjustment		0
5. Total profit (loss) on sale 6. Amounts paid on account or in full during the period 7. Amortization of premium 8. Increase (decrease) by foreign exchange adjustment 9. Book/adjusted carrying value of long-term invested assets at end of current period		0
6. Amounts paid on account or in full during the period		0
7. Amortization of premium		0
Increase (decrease) by foreign exchange adjustment		0
Book/adjusted carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

### **SCHEDULE D - VERIFICATION**

Bonds and Stocks		
	1 Year to Date	2 Prior Year Ended December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,315,783	3,321,856
Cost of bonds and stocks acquired	2,368,433	3,288,925
3. Accrual of discount	6.075	26,861
Increase (decrease) by adjustment.     Increase (decrease) by foreign exchange adjustment.     Total profit (loss) on disposal.	92	0
Increase (decrease) by foreign exchange adjustment		0
6. Total profit (loss) on disposal		0
Consideration for bonds and stocks disposed of	2,395,000	3,320,000
8. Amortization of premium	16	1,859
Book/adjusted carrying value, current period	3,295,367	3,315,783
10. Total valuation allowance		0
11. Subtotal (Lines 9 plus 10)	3,295,367	3,315,783
12. Total nonadmitted amounts		0
13. Statement value	3,295,367	3,315,783

## **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

		2	3	Preferred Stock by Rating C	5		7	8
	1 Book/Adjusted	2	3	4 Non-Trading	5 Book/Adjusted	6 Book/Adjusted	/ Book/Adjusted	8 Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Activity	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning of	During	During	During	End of	End of	End of	December 31
	Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. Class 1	3,315,783	2,368,433	2,395,000	6,151	3,295,367	0	0	3,315,783
2. Class 2	0				0	0	0	0
3. Class 3	0				0	0	0	0
4. Class 4	0				0	0	0	0
5. Class 5	0				0	0	0	0
6. Class 6	0				0	0	0	0
7. Total Bonds	3,315,783	2,368,433	2,395,000	6,151	3,295,367	0	0	3,315,783
PREFERRED STOCK								
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0				0	0	0	0
11. Class 4	0				0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	3,315,783	2,368,433	2,395,000	6,151	3,295,367	0	0	3,315,783

Schedule DA - Part 1

# **NONE**

Schedule DA - Part 2

**NONE** 

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

**NONE** 

Schedule S

**NONE** 

### SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories** Direct Business Only Year-to-Date 3 8 Federal Annuity Employees Health Benefit emiums and Deposit-Type Guaranty Accident and Is Insurer Property/ Fund Licensed? Health Medicare Medicaid Program Contract Casualty Premiums Title XVIII Title XIX Premiums (Yes or No (Yes or No) Funds Premiums No. ΑL .No.. 1. Alabama No 2. Alaska AK No 3. Arizona AΖ No. Nο .No.. .No. 4. Arkansas 5. California CA .No.. .No.. .No. CO No Colorado 7. Connecticut CT No No 8. Delaware DE No Nο .No.. 9. District of Columbia ..... DC .No.. .No.. .No.. 10. Florida. FL No 11. Georgia GA No 12. Hawaii . н No No 13. Idaho . ID No. Nο 14. Illinois .. .No.. .No.. IL. .No.. 15. Indiana IN .No.. 16. Iowa IΑ No No 17. Kansas KS No Nο 18. Kentucky ΚY No. No. .No.. ..No.. 19. Louisiana .. LA. ME No. 20. Maine .No.. 21. Maryland. MD No No 22. Massachusetts MA No. No .No. 23. Michigan .. МІ.. ..No.. 24. Minnesota MN .No.. .No. 25. Mississippi MS .No.. 26. Missouri MO No No 27. Montana MT .No. No .No. 28. Nebraska ... NE ..No.. NV .No.. 29. Nevada .... No 30. New Hampshire NH No 31. New Jersey NJ No Nο NM No.. No .No.. 33. New York .. NY .No.. ..No.. 34. North Carolina .. NC .No.. 35. North Dakota ND No No 36. Ohio... ОН No Nο .No. 37. Oklahoma ..... OK. OR. .No.. .No.. 38. Oregon .. No 39. Pennsylvania. PΑ No 40. Rhode Island RI No No 41. South Carolina SC No Nο .No.. 42. South Dakota ... SD .No.. Yes. .54,922,920 ΤN Yes. 43. Tennessee .. 44. Texas TX No No 45. Utah UT No. Nο 46. Vermont ... VT .No. No .No. 47. Virginia ... .No.. VA. 48. Washington No. No. WA 49. West Virginia. WV No No 50. Wisconsin ..... WI No. No 51. Wyoming .. WY No.. .No. .No.. .No.. 52. American Samoa AS. No. GU 53. Guam No. 54. Puerto Rico .. PR Nο No 55. U.S. Virgin Islands ..... VI.. .No.. .No. 56 Northern Mariana Islands ... MP .No. 57 Canada ..... .CN .No.. .0 .0 0 58. Aggregate Other Alien ...... OT XXX. XXX 0 .0 .0 59. Subtotal... XXX XXX 0. 0 ..54,922,920 .0 .0 .0 60. Reporting entity contributions for Employee Benefit Plans. XXX0 54,922,920 0 0 0 XXX 0 61. Total (Direct Business) **DETAILS OF WRITE-INS** 5801. 5802. 5803. 5898. Summary of remaining write-ins for Line 58 from overflow page 0 0 0 0 0 0 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) 0 0 0 0 0 0

<sup>(</sup>a) Insert the number of yes responses except for Canada and other Alien.

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



### **OVERFLOW PAGE FOR WRITE-INS**

Schedule A - Part 2

**NONE** 

Schedule A - Part 3

**NONE** 

Schedule B - Part 1

NONE

Schedule B - Part 2

**NONE** 

Schedule BA - Part 1

**NONE** 

Schedule BA - Part 2

**NONE** 

## **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

			Snow All Long	g-Term Bonds and Stock Acquired by the Company During the	e Current Quarter				
1	2	3	4	5	6	7	8	9	10
									NAIC
									Designation or
CUSIP					Number of	Actual		Paid for Accrued	Market
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	Indicator (a)
3133XB-D9-3	Federal Home Loan Bank Bonds		02/02/2006 02/02/2006	U.S. Bank		2,363,591	2,395,000	45,925	11
3133XB-D9-3	Federal Home Loan Bank Bonds		02/02/2006	U.S. Bank		4,934	5,000	0	11
0399999 - Total -	- Bonds - U.S. Government					2,368,525	2,400,000	45,925	
6099997 - Total -	- Bonds - Part 3					2,368,525	2,400,000	45,925	
6099999 - Total -	- Bonds					2,368,525	2,400,000	45,925	XXX
6599999 - Total -	- Preferred Stocks					0	XXX	0	XXX
7299999 - Total -						0	XXX	0	XXX
7399999 - Total -	- Preferred and Common Stocks					0	XXX	0	XXX
									• • • • • • • • • • • • • • • • • • • •
									<b>†</b>
			• • • • • • • • • • • • • • • • • • • •						
7499999 - Totals			•			2,368,525	XXX	45,925	XXX
1433339 - 10lais						2,300,323	۸۸۸	40,920	۸۸۸

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

## **SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold. Redeemed or Otherwise Disposed of by the Company During the Current Quarter

						Snow All Lo	ng-Term Bo	nas ana Sto	ck Sola, Rea	eemea or Otn	erwise Dispos	ea of by the C	Company Durii	ng the Current	t Quarter						
1	2	3	4	5	6	7	8	9	10		Change in E	Book/Adjusted Ca	arrying Value	•	16	17	18	19	20	21	22
										11	12	13	14	15							
		F								''	12	13	14	15							NAIC
		o l																			Desig-
		r										Current Year's			Book/				Bond	1	nation
		ė							Prior Year	Unrealized		Other Than		Total Foreign	Adjusted	Foreign			Interest/Stock	1	or
CUSIP		i			Number of				Book/Adjusted	Valuation	Current Year's	Temporary	Total Change in	Exchange	Carrying Value		Realized Gain	Total Gain	Dividends	1	Market
Identi-		g	Disposal		Shares of				Carrying	Increase/	(Amortization)/		B/A. C.V.	Change in	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Indicator
fication	Description	n	Date	Name of Purchaser	Stock	Consideration		Actual Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)		Disposal Date	Disposal	Disposal	Disposal	During Year	Date	(a)
	.U.S. Treasury Note		01/31/2006	. Security Matured		2,395,000	2,395,000	2,370,302	2,392,958		2,042				2,395,000			0	22,453		1
	Bonds - U.S. Government	S				2,395,000	2,395,000	2,370,302	2,392,958		2,042		2,042		2,395,000				22,453		XXX
	Bonds - Part 4					2,395,000	2,395,000	2,370,302	2,392,958		2,042		2,042		2,395,000				22,453		XXX
	Total - Bonds					2,395,000	2,395,000	2,370,302	2,392,958	0	2,042		Lioit		2,395,000	0	0	0	22,453		XXX
	Total - Preferred Stock	S				0	XXX	0	0	0	0	0		-	0	0	0	0	0	XXX	XXX
	Total - Common Stocks		4 I -			0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
7399999 -	Total - Preferred and C	ommon S	TOCKS	1	1	U	XXX	0	0	U	U	U	U	U	Ü	U	Ü	U	U	XXX	XXX
	1				+	-		·	·		<b>†</b>	t	·	<b>†</b>	<b>†</b>	t	<b>†</b>	t	<b>†</b>	t	+
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7499999	Totals					2,395,000	XXX	2,370,302	2,392,958	0	2,042	0	2,042	0	2,395,000	0	0	0	22,453	XXX	XXX

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

**NONE** 

Schedule DB - Part B - Section 1

**NONE** 

Schedule DB - Part C - Section 1

**NONE** 

Schedule DB - Part D - Section 1

**NONE** 

### **SCHEDULE E - PART 1 - CASH**

			PAR I					
1	2	3	4	5		Balance at End of During Current Qu		9
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6 First Month	7 Second Month	8 Third Month	*
U. S. Bank			.375,458	0	34,324,989		40,469,172	ХХХ
0199998 Deposits in	XXX	XXX			04,024,000		90,403,172	XXX
0199999 Totals - Open Depositories	XXX	XXX	375,458		34,324,989	36,739,795	40,469,172	XXX
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0399999 Total Cash on Deposit	XXX	XXX	375,458		34,324,989	36,739,795	40,469,172	ХХХ
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX	04.000.000	00 === ===	10 : :	XXX
0599999 Total Cash	XXX	XXX	375,458		34,324,989	36,739,795	40,469,172	XXX

## **SCHEDULE E - PART 2 CASH EQUIVALENTS**

1 2 3 4 5 6 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Showing Investments Owned End of Current Quarter												
NONE	1 CUSIP	2	3	4	5	6	7 Book/Adjusted		9					
NONE	Identification	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	Gross Investment Income					
						-								
						····								
0199999 Total Cash Equivalents														
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#### **Accident and Health Premiums Due and Unpaid**

Individually list all debtors with account balances the greater of 10% of gross Premiums Receivables or \$5,000

Name of Debtor	Not Currently Due		1 1-30 Days	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Nonadmitted	6 Admitted
INDIVIDUALLY LIST ASSETS								
State of Tennessee		-	1,187,429	-	-	(42,015)	-	1,145,414 -
Subtotal- Individually Listed Receivables 0199999		-	1,187,429	-	-	(42,015)	-	1,145,414
Subtotal- Receviables not Individually Listed 0299999								
Subtotal- Gross Premium Receivable 0399999		-	1,187,429	-	-	(42,015)	-	1,145,414
Less- Allowance for Doubtful Accounts 0499999								
Total Premiums Receviable (Page 2, Line 12.1) 0599999		-	1,187,429	-	-	(42,015)	-	1,145,414

#### **HEALTH CARE RECEIVABLES**

Individually list all debtors with account balances greater of 10% of gross Health Care Receivables of \$5,000.

	1	2	3	4	5	6
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Nonadmitted	Admitted
	,	,	,	7		
	-					-
0199999 Individually Listed Receivables						
0299999 Receivables Not Individually Listed	-	-	-	-	-	-
0399999 Gross Health Care Receivable	-	-	-	-	-	-
0499999 Less Allowance for Doubtful Accour						
0599999 Health Care Receivables (Page 2, L				-	-	-

### **Amounts due from Parent, Subsidiaries and Affiliates**

	1	2	3	4	5		itted
						6	7
Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	-	-	-	-	-	_	_
		-	-				-
0199999 Gross Amounts Due from Affiliates	-	-	-	-	-	-	-
0399999 Amounts Due from Affiliates	-	-			-	-	-

### Amounts due to Parent, Subsidiaries and Affiliates

	1	2	2	4
Name of Creditor	Description	Amount	Current	Non-Current
Magellan Health Services Advocare of Tennessee Tennessee Behavioral Health		117,340 25,800 55,565	117,340 25,800	-
		198,705	157,110	41,595
0199999 Gross Amounts Due to Affiliates		198,705	157,110	41,595
039999 Amounts Due to Affiliates -		198,705	157,110	41,595